

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

THOMAS HILL

Mailing Address 4617 21ST ST. CT., N.E.

City

HICKORY

State

NC

Zip Code

28601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WESTERN PIEDMONT ANESTHES-  
IA, PA

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.63680

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

BRUCE ANTHONY HINES

Mailing Address 5490 CLAIRE ROSE LN

City

SANDY SPRINGS

State

GA

Zip Code

30327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHSIDE ANESTH

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.63943

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

IRVING HIRSCH

Mailing Address 414 LOWELL DR.

City

HIGHLAND HEIGHTS

State

OH

Zip Code

44143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIV HOSP MED GRP

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.63983

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....